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CONFIRMATION NO. 1751

<b>SERIAL NUMBER</b> 10/748,112	<b>FILING OR 371(c) DATE</b> 12/29/2003 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 06843.0052-00000
<b>APPLICANTS</b> Sanjay D. Khare, Newbury Park, CA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/437,405 12/30/2002 <i>OK PM 7/24/06</i> <b>** FOREIGN APPLICATIONS *****</b> <i>were PM 7/24/06</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/20/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>PM 7/24/06</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 38	<b>TOTAL CLAIMS</b> 80
			<b>INDEPENDENT CLAIMS</b> 6	
<b>ADDRESS</b> 22852				
<b>TITLE</b> Combination therapy with co-stimulatory factors				
<b>FILING FEE RECEIVED</b> 4688	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	